

720 - COVERED SERVICES

EFFECTIVE DATE: 07/01/00

REVISION DATES: 10/01/01, 12/01/02, 09/01/04, 04/01/05, 08/01/05, 01/01/06, 02/01/06,
01/01/07, 04/10/08, 02/01/10, 07/01/10, 10/01/10, 07/01/11

A. AUDIOLOGY

Description of Benefit

Audiology is a Direct Service Claiming (DSC) covered service, within certain limitations, to evaluate hearing loss and rehabilitate persons with hearing loss through other than medical/surgical means. This service was approved by the Centers for Medicare and Medicaid Services to be covered within the DSC program on 01/01/05.

Audiology services that may be provided under the DSC program include:

1. Medically necessary services regarding the diagnosis or treatment of eligible students, and
2. Individual and group instruction/treatment, which may include auditory training, speech, reading and audiometry.

Conditions, Limitations and Exclusions

In addition to general requirements identified in the Chapter Overview and medical record requirements specified in AMPM Policy 710, the following conditions, limitations and exclusions apply to audiology services:

1. Audiologists

The audiologist must have a master's or doctoral degree in audiology and meet one of the following conditions:

- a. Have a Certificate of Clinical Competence (CCC) in audiology granted by the American Speech-Language-Hearing Association, or
- b. Have successfully completed a minimum of 350 clock-hours of supervised clinical practicum (or be in the process of accumulating such supervised clinical experience under the supervision of a qualified master or doctoral-level audiologist), performed not less than nine months of supervised full-time audiology, or a related field, and successfully completed a national examination in audiology approved by the Secretary of the U.S. Department of Health and Human Services.

AHCCCS will require all audiologists registered with AHCCCS to provide documentation of State licensure and either a or b as noted above.

1. Exclusions
 - a. Exams or evaluations for hearing aids,
 - b. Exams or evaluations for cochlear implants,
 - c. Evaluations for prescription of speech-generating and non-speech-generating augmentative and alternative communicating devices, and
 - d. Therapeutic service(s) for the use of speech-generating and non-speech-generating devices, including programming and modification, and devices such as hearing aids, cochlear implants, and speech-generating and non-speech-generating devices.

NOTE: The above excluded services are covered and available for eligible Medicaid members through AHCCCS acute care and ALTCS Contractors, or the AHCCCS Administration for FFS members.

B. BEHAVIORAL HEALTH SERVICES

Description of Benefit

AHCCCS covers behavioral health services provided to eligible members when rendered by a registered AHCCCS provider within their scope of practice.

Behavioral health services that may be provided under the DSC Program include:

1. Assessments,
2. Individual, group and family therapy and counseling,
3. Psychological and developmental testing,
4. Neurobehavioral status examinations and neuropsychological testing, and
5. Cognitive skills training.

Conditions, Limitations and Exclusions

In addition to general requirements identified in the Chapter Overview and medical record requirements specified in AMPM Policy, the following conditions, limitations and exclusions apply to behavioral health services.

1. Behavioral Health Providers

Providers of behavioral health services must be registered with AHCCCS and be licensed or certified as follows:

- a. Psychiatrists must be licensed per requirements in Arizona Revised Statute (A.R.S.) Title 32, or the regulatory body of the State where the psychiatrist resides,

- b. Psychologists must be licensed per requirements in A.R.S. Title 32, Chapter 19.1, or the regulatory body of the State where the psychologist resides, and
- c. Licensed Clinical Social Workers (LCSW), Licensed Professional Counselors (LPC) and Licensed Marriage and Family Therapists (LMFT) must have current licensure by the Arizona Board of Behavioral Health Examiners as a LCSW, LPC or LMFT, or if outside Arizona, be licensed or certified to practice independently by the local regulatory authority.

C. NURSING SERVICES

Description of Benefit

AHCCCS covers nursing services provided to eligible members when rendered by registered AHCCCS providers within their scope of practice.

School-Based Registered Nurse and Licensed Practical Nurse

1. School-based registered nurses and licensed practical nurses must follow the Individual Education Plan (IEP) and provide care to students within the scope of their practice (Arizona Administrative Code Title 4, Chapter 19, Article 4).
2. RNs/LPNs provide direct nursing and may also provide training and oversight of School-Based Health Aides.

School-Based Health Aides

School-Based Health Aides are specially trained and approved by the schools in general care. School-Based Health Aides must follow the IEP for each student. They are supervised by a nurse or other appropriate licensed personnel employed by, or contracted with, the LEA.

Training received by the Health Aide(s) related to the specific needs of the student should be documented by the LEA.

School-Based Health Aides must have current certification in first aid and Cardiopulmonary Resuscitation (CPR). Certification in first aid and CPR must meet the following standards:

1. Training in first aid and CPR must be provided or sponsored by a nationally recognized organization (e.g., American Heart Association, American Red Cross, etc.), using an established training curriculum.
2. Training sessions must be in person, in order for the participant to demonstrate learned skills such as mouth-to-mouth resuscitation and chest compressions. Web-based training without the benefit of on-site return demonstration of skills is not acceptable.

3. Certificates of completion of first aid and CPR training must be provided to the LEA and to AHCCCS upon requesting provider registration as an AHCCCS provider.

Conditions, Limitations and Exclusions

In addition to general requirements identified in the Chapter Overview and medical record requirements specified in AMPM Policy 710, the following conditions, limitations and exclusions apply to nursing services:

Providers of nursing services must be registered with AHCCCS and be licensed as follows:

1. School-Based Registered Nurses must be licensed by the regulatory body of the State where the nurse resides
2. School-Based Licensed Practical Nurses must be licensed by the regulatory body of the State where the nurse resides, and
3. School-Based Health Aides must possess current certification in first aid and CPR, and receive training as specified by the LEA.

D. THERAPIES

Description of Benefit

Occupational, physical and speech therapy services are covered under the DSC Program when provided to DSC enrolled AHCCCS members by a registered AHCCCS provider within their scope of practice.

Therapy services that may be provided under the DSC Program include:

Physical Therapy and Occupational Therapy

1. Therapy evaluations and re-evaluations,
2. Therapeutic procedures, exercises and activities to develop strength, endurance, range of motion and/or flexibility, and to improve functional performance. Services may be provided on an individual or group basis,
3. Neuromuscular re-education to develop, improve or maintain movement, balance, coordination, kinesthetic sense, posture, and proprioception,
4. Gait training and stair climbing,
5. Massage necessary to effect change or improve function (e.g., effleurage, petrissage or tapotement),
6. Manual therapy techniques (e.g., mobilization/manipulation),

7. Orthotics fitting and training for upper or lower extremities,
8. Prosthetic training, for upper or lower extremities,
9. Wheelchair management/propulsion training,
10. Physical performance test or measurement (e.g., musculoskeletal, functional capacity) along with a written report,
11. Therapeutic activities for development of cognitive skills including compensatory training and/or sensory integrative activities to improve attention, memory, problem solving, and
12. Application of a modality such as manual electrical stimulation.

Speech Therapy

1. Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status
2. Treatment of speech, language, voice, communication, and/or auditory processing disorders, including aural rehabilitation. Services may be provided on an individual or group basis.
3. Laryngeal function studies
4. Evaluations or treatment of swallowing or swallowing dysfunction, and oral function for feeding, and
5. Aural rehabilitation following cochlear implant, including evaluation of aural rehabilitation status and hearing, therapeutic services, with or without speech processor programming.

Conditions, Limitations and Exclusions

In addition to general requirements identified in the Overview of this Chapter and medical record requirements specified in AMPM Policy 710, the following conditions, limitations and exclusions apply to therapy services.

1. Providers of therapy services must be registered with AHCCCS and be licensed as follows:
 - a. Occupational Therapists must be licensed by the Arizona Board of Occupational Therapy Examiners, or the governing Board of the State where the therapist practices or a certified OT Assistant (under the supervision of the occupational therapist according to 4 A.A.C. 43, Article 4) licensed by the Arizona Board of Occupational Therapy Examiners.

- b. Physical Therapists must be licensed by the Arizona Board of Physical Therapy or the governing Board of the State where the therapist practices or a Physical Therapy Assistant (under the supervision of the PT, according to 4 A.A.C. 24, Article 3) certified by the Arizona Physical Therapy Board of Examiners, and
 - c. Speech therapy qualified providers must meet the Federal requirements of 42 C.F.R. 440.110, and services may be provided by the following professionals within their scope of practice:
 - i. A qualified Speech-Language Pathologist (SLP) licensed by the Arizona Department of Health Services (ADHS), or
 - ii. A Speech-Language Pathologist who has a temporary license from ADHS and is completing a clinical fellowship year. He/she must be under the direct supervision of an ASHA certified speech-language pathologist. AHCCCS registration will be terminated at the end of two years if the fellowship is not completed at that time, or
 - iii. A qualified SLP Assistant (under the supervision of the speech-language pathologist and according to A.R.S. §36-1940.04 and R9-16-501 et seq) licensed by the Arizona Department of Health Services. The SLPA must be identified as the treating provider and bill for services under his or her individual NPI number (a group ID number may be utilized to direct payment). SLPAs may only perform services under the supervision of a SLP and within their scope of service as defined by regulations.
- 2. Medically necessary outpatient occupational and speech therapies are not covered for acute care AHCCCS members over age 21. All outpatient therapy services are covered for ALTCS members, regardless of age.
 - 3. For the purposes of the DSC program, Occupational Therapists and Physical Therapists operate as both ordering and rendering provider. Claims submitted for services provided by an Occupational Therapist or a Physical Therapist will only utilize the NPI in the rendering provider field when submitting claims.

E. TRANSPORTATION

Description of Benefit

AHCCCS covers school-based transportation services provided to eligible members when clearly identified in the IEP and rendered by a registered AHCCCS transportation provider for medically necessary transportation to and from school when one of the criteria from number 1 and one of the criteria from number 2 below are met.

- 1. The member requires transportation in an adapted vehicle (i.e., special needs school bus that is designed to transport disabled passengers and is constructed with a special-service entrance) or
- 2. The member could otherwise be transported in a regular school bus, but due to behavioral problems must be transported separately from other non-Individuals with Disabilities Education Act (IDEA) eligible children

3. The member receives a DSC reimbursable service at school that same day, or
4. The member receives a reimbursable service (as identified in the Individual Education Plan) that is provided at an approved alternative setting that same day.

Conditions, Limitations and Exclusions

In addition to general requirements identified in the Chapter Overview, the following conditions, limitations and exclusions apply to transportation services.

Transportation Provider Registration and Documentation

The LEAs must register as transportation providers with AHCCCS, and in doing so, must:

1. Submit proof of insurance
2. Maintain on file:
 - a. Copies of the driver's license for each transportation provider and the LEA's proof of insurance,
 - i. A trip log, which contains:
 - ii. The student's name,
 - iii. Date the student was transported,
 - iv. Mileage transported from point of origin to destination, not to include additional mileage related to multiple pickups; and
 - v. Driver's initials verifying that student was provided transportation.
3. The member's transportation services are reimbursed at an all-inclusive rate. The rate includes reimbursement for any School-Based Health Attendant(s) required to be present during the transportation.
4. Transportation services will not be covered when:
 - a. The member is transported on a regular school bus with non-IDEA eligible students who are attending the school
 - b. The member does not receive a DSC reimbursable service during the school day
 - c. The member is transported from the school and back for a medical service that is not paid for by the school under IDEA
 - d. Transportation services are for educational purposes only
 - e. Transportation is provided in an adapted vehicle with specialized equipment or supervision, but the child's medical condition does not require the specialized services, or
 - f. Transportation is provided by a parent, relative or friend.